

CORRECTIONS OFFICER RETIREMENT PLAN

INPUT FORM B SS DC

EIN: _____

INPUT SHEET FOR:

_____ SURVIVING SPOUSE

_____ DEPENDENT CHILD IN SCHOOL

_____ GUARDIAN

(Please fill in all of the information on this form. If not applicable, please indicate.)

Date of Death: _____

PERSONAL INFORMATION OF DECEDENT

Name: _____
First Middle Last Social Security Number

Sex (circle) M F Date of Birth: _____ Marital Status (circle) M S

APPLICANT INFORMATION

Name: _____
First Middle Last Social Security Number

Date of Birth: _____ Date of Marriage (if Surviving Spouse): _____

ADDRESS AND TELEPHONE NUMBER OF APPLICANT MEMBER

Address: _____
Street Apt/Unit City State Zip Code

Phone: Home () _____ Cell () _____ Work () _____

Personal Email _____

DEPENDENT CHILDREN

NAME	DATE OF BIRTH	DISABLED?
_____	_____	Y N
_____	_____	Y N
_____	_____	Y N

APPLICANT PAYMENT INFORMATION

Payment Method (circle): Check Direct Deposit

Payable to: _____

Federal Tax (circle): Single/Married Exemptions: _____
State Tax (circle): 0.8% 1.3% 1.8% 2.7% 3.6% 4.2% 5.1%

APPLICANT DIRECT DEPOSIT INFORMATION

Name of Financial Institution: _____

Phone Number: _____

Address: _____
Street City State Zip Code

ABA Routing No.: _____

Account Type (circle one): Checking Savings

Account No.: _____

I CERTIFY THE ACCURACY OF THE INFORMATION GIVEN ON THIS FORM

Date

Signature of Applicant

Note: Please provide a copy of:

- Death Certificate
 - State Issued Birth Certificate or Passport or State Issued Driver License or ID (for Applicant)
 - Recorded Marriage Certificate (if Spouse)
 - Social Security Card (for Applicant)
 - State Issued Birth Certificate or Passport (for Dependent Children)
 - ++Proof of Full Time school enrollment (up to age 23)
 - **Proof of Disability prior to age 23** (for Dependent Children)
- Voided Check**